

Workers' Compensation Accident Report

Date: _____

To: [Workers' Compensation Coordinator]

From: [Employee Name]

Department: [Department Name]

Employee ID: [Employee ID Number]

Subject: Workers' Compensation Accident Report

Accident Details:

Accident Date: _____

Accident Time: _____

Location of Accident: _____

Description of the Accident:

[Provide a detailed description of the accident, including what happened, how it happened, and any contributing factors.]

Injury Details:

Type of Injury: _____

Body Part Affected: _____

First Aid Administered: _____

Witnesses:

[List any witnesses to the accident and their contact information.]

Additional Notes:

[Include any additional information relevant to the report.]

Employee Declaration:

I hereby declare that the information provided is accurate to the best of my knowledge.

[Employee Signature]

Date: _____